

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

mb 7/19/93

Mc. Jly 93-00338

REQUEST FOR PATENT FEE REFUND

2/11 7/16/93

1 Date of Request: <u>6/23/93</u>		2 Serial/Patent # <u>08/031562</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
<input checked="" type="checkbox"/>	Filing		\$ <u>209.00</u>						
<input type="checkbox"/>	Amendment		\$						
<input type="checkbox"/>	Extension of Time		\$						
<input type="checkbox"/>	Notice of Appeal/Appeal		\$						
<input type="checkbox"/>	Petition		\$						
<input type="checkbox"/>	Issue		\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$						
<input type="checkbox"/>	Maintenance		\$						
<input type="checkbox"/>	Assignment		\$						
<input type="checkbox"/>	Other <u>yellow Sheet</u>		\$						
		7 TOTAL AMOUNT OF REFUND \$ <u>209.00</u>							
10 REASON:		8 TO BE REFUNDED BY:							
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check						
<input type="checkbox"/>	Duplicate Payment		Credit Deposit A/C #:						
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td></tr></table>				--			
		--							
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>Dorothy Dixon</u>		TITLE: <u>Appl. Exm.</u>							
SIGNATURE: <u>Dorothy Dixon</u>		PHONE: <u>308-1202</u>							
OFFICE: <u>Appl. Br.</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: <u>Greta Connelly</u>		DATE: <u>7/8/93</u>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B